



SPECIAL EVENT PERMIT

ALAMEDA POINT

Planning & Building • 2263 Santa Clara Ave., Rm. 190

Alameda, CA 94501-4477

alamedaca.gov

510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538

Hours: M, W, Th – 7:30 am – 4:30 pm

T – 7:30 am – 4:00 pm

Attached is an application form for authorization to temporarily encroach into the public right-of-way. Included with this application is a list of General Conditions that apply to your activity. Please review these conditions. A sample W-9 form from the City is also attached for informational purposes. Please call 510-747-6800 if you have any questions. **ALLOW TEN WORKING DAYS TO PROCESS PERMIT.**

REQUIRED MATERIAL FOR SPECIAL EVENT PERMIT FOR ALAMEDA POINT

1. **Special Event Permit Application Form.** Application must be completed in blue or black ink only and include **scope of the event** such as set-up/event/break-down times, type of event activity, meal break location, and approximate number of people at event site.
2. **Indemnity and Hold Harmless Agreement.** The City must be indemnified against any and all property damage and/or bodily injury which may occur.
3. **Certificate of Insurance and an Endorsement for General Liability Coverage** naming the City of Alameda as Additional Insured in the amount of \$2 million for the duration of the activity. (See attached examples.) Applications will be returned if required Endorsement is not provided.
4. **Diagram Map of the Event** with Traffic and/or Pedestrian Control and Reroute Plan for any and all partial or full street and/or sidewalk closures.
5. **Required Signature Page from PM Realty.** Please note events at Alameda Point require a signature from the property management company; contact PM Realty Group at 510-749-0304.
6. **\$1,500.00 Required Deposit.** All associated charges for this permit will be made against this deposit. Balance of unused deposit will be refunded to payee after completion of event and all associated activities and only upon completion and return of original Request for Refund Form. (*Faxed Refund Request Forms will not be accepted and will not expedite the refund process.*)

Return all items listed above to the Permit Center, 2263 Santa Clara Avenue, Room 190, Alameda, CA 94501, from 7:30 am to 4:00 pm Monday, Wednesday, and Thursday, and from 7:30 am to 3:30 pm on Tuesday; **please note that the Permit Center is closed on Friday.** A Permit Technician will accept your materials for submittal, collect the deposit, and forward your application to the appropriate City departments for review. After all City department approvals are received, you will be contacted by the Permit Center to pick up your approved Event Permit. *Please Note: It is mandatory that the Conditions of Approval be signed prior to the commencement of activities.*

GENERAL CONDITIONS – SPECIAL EVENT PERMIT – ALAMEDA POINT

Please review the following list of General Conditions for events at Alameda Point. By signing this application, applicant(s) agrees to abide by these conditions. Upon approval by the Permit Center, the applicant(s) will become Permittee(s).

1. Applicant(s) agrees to submit a **Certificate of Insurance** and **an Endorsement** for General Liability coverage, naming the City of Alameda as an Additional Insured in the amount of \$2 million for the duration of the activity with this permit application. Name location, and date of activity must be clearly stated on Certificate. For additional information regarding this requirement, please contact the City of Alameda Risk Manager's office at 510-747-4760. The City must be indemnified against any and all property damage or bodily injury which may occur. (Applicant assumes all responsibility.) Sample forms are attached to this application.
2. Permittee(s) agrees to leave no debris at event site or adjacent areas. Permittee(s) is responsible for the cleanup of all litter and debris associated with this event and should make certain that a sufficient number of garbage receptacles are available.
3. The Permittee(s) agrees that the City shall have the privilege of inspecting the premises covered by this permit at any or all times.
4. The Permittee(s) agrees that this permit shall not be assigned and used only for the permitted activity and location.
5. The Permittee(s) agrees that the City may terminate this permit at any time if Permittee(s) fails to perform any covenant herein contained at the time and in the manner herein provided. City agrees it will not unreasonably exercise this right of termination.
6. The Permittee(s) agrees that the Permittee(s), its officers, agents, and employees, in the performance of this permit, shall act in an independent capacity and not as officers, employees, or agents of the City.
7. Permittee(s) agrees that no alteration or variation of the terms of this permit shall be valid unless made in writing and signed by the parties hereto.
8. Permittee(s) will not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, sex, age, national origin, or physical handicap.
9. Permittee(s) agrees to comply with the terms and conditions contained in the attached Exhibit(s), if any, which terms and conditions are by this reference made a part thereof.
10. The Permittee(s) agrees to comply with all the rules and regulations of the facility or institution subject to this permit.
11. Permittee(s) agrees to keep this permit on site at all times.
12. Permittee(s) agrees to contact the Permit Center for direction in posting "No Parking" signs and for the use of Parking Meters and non-metered space.
13. Permittee(s) agrees to maintain a fire access lane (minimum width = 20 feet) clear at all times.
14. Permittee(s) agrees to maintain clearance around all gates and fire department connections.
15. Permittee(s) agrees that any and all barricades must be moveable by one or two persons.

16. Permittee(s) agrees to park in designated areas, only (no parking in red zones or in front of fire hydrants).
17. Permittee(s) agrees that all statements made on this application are true and that no misrepresentations as to materials facts have been made.
18. Permittee(s) agrees that this event is subject to noise regulations, per Alameda Municipal Code Chapter IV, Article II.
19. Permittee(s) agrees the no pollutants, including garbage, debris, or wash waters, are discharged to the City's storm sewer system (including gutters, curbs, and storm drains). Permittee(s) agrees to incorporate best management practices (BMP's) to prevent illicit discharges. Contact the Public Works Environmental Services Division, at 510-747-7930 for further details regarding BMP's.
20. Permittee(s) agrees that temporary wiring shall comply with Article 590 of the 2007 California Electrical Code.
21. Permittee(s) agrees that recycling in the City of Alameda is mandatory. Arrangements shall be made to have adequate solid waste and recycling services as a condition of this permit. Contact StopWaste.org at 510-891-6500.
22. Permittee(s) agrees to arrange for off-street parking for production crew's personal vehicles (preferably in non-residential areas).

Company Representative: _____

Representative of: _____

Date: _____

FOR OFFICE USE ONLY

Application for Filming within the City of Alameda is hereby APPROVED by:

Gregory J. McFann
Building Official

Date

REQUIRED ATTACHMENTS FOR THIS APPLICATION

| FORM ID | FORM NAME | NO PAGES |
|---------|---|----------|
| | Indemnity and Hold Harmless Agreement – Alameda Point | 1 |
| | Insurance Requirements | 1 |
| | Monitored Bicycle Parking Requirements | 1 |
| | “No Parking” Certificate of Posting | 2 |
| | Request for Refund of Deposit – Special Event Permit | 1 |
| | Required Signature Page | 1 |
| | Temporary Encroachment | 3 |
| | Sample Endorsement – Commercial General Liability | 1 |
| | Sample Certificate of Liability Insurance | 1 |
| | Sample W-9 form from the City of Alameda | 1 |



INDEMNITY AND HOLD HARMLESS

AGREEMENT – ALAMEDA POINT

Planning & Building • 2263 Santa Clara Ave., Rm. 190

Alameda, CA 94501-4477

alamedaca.gov

510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538

Hours: M, W, Th – 7:30 am – 4:30 pm

T – 7:30 am – 4:00 pm

whose address is _____

(hereinafter "Indemnitor") in consideration of _____

agrees to the following terms and conditions:

Indemnitor shall defend, indemnify, and hold harmless the United States Department of the Navy, the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, regardless of the merit of outcome of any such claim or suit arising from or in any manner connected to the event, services, or work conducted or performed pursuant to this Agreement and Permit.

Indemnitor shall defend, indemnify and hold harmless the United States Department of the Navy, the City of Alameda, its City Council, Boards and Commissions, officers and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, accruing or resulting to any and all persons, firms or corporations, furnishing or supplying work, services, materials, equipment, or supplies arising from or in any manner connected to the services or work conducted or performed pursuant to this Agreement and Permit.

By the signature below, Indemnitor agrees that it has read this Indemnity and Hold Harmless Agreement and accepts and agrees to each and every term and condition herein.

The signatory below warrants that he/she is authorized by the Indemnitor to execute on its behalf this Indemnity and Hold Harmless Agreement.

INDEMNITOR:

Date: _____

By: _____

Print Name: _____

Title: _____

INSURANCE REQUIREMENTS

Planning & Building • 2263 Santa Clara Ave., Rm. 190
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For all designated coverages, the City of Alameda requires a Certificate of Insurance signed by the party authorized by the insurance company to bind the company to the coverage shown, as well as an Additional Insured Endorsement to the Policy.

Sample Information:

1) Certificate of Insurance (sample attached)

Designated Insurance Requirements:

- i **General Liability: \$2,000,000**
- i Company Rating: A.M. Best "A" or better

Provide the City of Alameda thirty (30) days in advance written notice of cancellation, non-renewal or reduction in limits or coverage including the name of the contract or event.

Signed by the party authorized by the insurance company to bind the company to the coverage shown.

Other insurance coverage may be required based on the type of contract and scope of services.

2) Endorsement to the Policy (sample attached)

This endorsement **must**:

- i Name the "City of Alameda, its Council, Officers, Employees, Volunteers, Board and Commissions" as additional insureds; and
- i Include the policy number and type of coverage. **Please note: A statement included on the Certificate that the City is an additional insured, is NOT sufficient.**

3) Forward the Certificate of Insurance and the Endorsement to the Policy to the Department Representative with whom you are conducting business.

Please ask your insurance broker or agent to provide both documents to the City of Alameda ten (10) days prior to the event taking place since several departments must sign off on the entire request package before your participation in the event.

MONITORED BICYCLE

PARKING REQUIREMENTS

Planning & Building • 2263 Santa Clara Ave., Rm. 190
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REQUIREMENTS, EVENTS WITH 100+ PARTICIPANTS

1. Organizers should reserve space for bike parking commensurate with at least 5% of the total expected crowd. Expect a greater need for bicycle parking (10%) at any every located on Recreation and Park property.
2. In parking bicycles, an average length of 6 feet and width of 1.75 feet should be reserved for a single bike.
3. Bicycle parking should be within sight of a regular entrance to the event (maximum of a one-block radius.) This can include car garages, schoolyards, parking lots, or on-street parking.
4. Valet parkers must handle the parking and return of bicycles. Bicycles should be returned upon receiving a claim check to ensure the same bicycles are returned that were left. Valet parkers should record the number of bicycles parked at the event and provide that number to the event sponsor in order to estimate the amount of space needed for the following year's event.
5. Bicycle parking should be monitored at all times by someone approved by the event sponsor.
6. Hours of operation of the secured attended bicycle parking must be at least the same hours as the event.
7. The sponsor shall be financially responsible for the secured attended bicycle parking in the event that bicycles are damaged or stolen.
8. Bicycle parking information must be provided whenever any kind of transportation or directional information is advertised for the event, in the same format and with equal amount of space. All events must indicate the location of the secured attended parking facilities and all event personnel must be aware of the location.

Should any unique circumstances arise in relation to the bicycle parking for a particular event, the applicant should contact the Transportation Coordinator with the Public Works Department of the City of Alameda at (510) 747-7948.

EN _____

▶ NO PARKING EFFECTIVE DATES

Address/Location: _____

From: _____ to: _____

Hours: _____ to: _____

Spaces Requested: Metered _____ @ \$4.79/space per day

Non-Metered _____ @ \$3.73/space per day

Number of “No Parking” Signs: _____ @ \$2.13 per sign

Reason/Purpose of Posting (construction, moving, filming, etc.): _____

SIGNS WILL BE POSTED ON (date): _____ at (time): _____

No Parking signs must be posted at least 24 hours in advance of requested time per AMC Section 8-7.4a

▶ **SKETCH OF POSTING AREA ATTACHED** (IF REQUIRED): _____ YES _____ NO

▶ APPLICANT INFORMATION (print):

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

▶ **I CERTIFY THAT NO PARKING SIGNS WILL BE POSTED NO LATER THAN 24 HOURS IN ADVANCE OF THE REQUESTED TIME AS STATED ABOVE:**

Signature _____

Date _____

Print name _____

FOR OFFICE USE ONLY

| | Quantities | Cost per space | Subtotals | No. of Days | Totals |
|---------------------|------------|----------------|-----------|-------------|-----------|
| Metered spaces: | | \$4.79 | | | \$ |
| Non-metered spaces: | | \$3.73 | | | \$ |
| No Parking Signs: | | \$2.13 | | | \$ |
| TOTAL FEE: | | | | | \$ |

Date faxed to: APD: 522-9291 _____

MAINT: 521-8762 _____

ENG: 769-6030 _____

► **POSTING INSTRUCTIONS FOR NO PARKING SIGNS**

1. Metered spaces: Post sign on each parking meter
2. Non-Metered spaces: Post one sign per each space
3. Use only twine, masking tape, or cinch ties to attach signs to meters, poles, or trees.
4. DO NOT USE duct tape, nails, or staples to attach signs.
5. No Parking hours/dates may not be extended past approved times.
6. All signs must be removed within eight (8) hours of posted ending time of restricted parking.
7. Red Zones, Green Zones, and Disabled (Handicapped) Parking Zones may not be used as temporary No Parking zones.

Alameda Municipal Code Section 8-7.9 – Temporary Parking Prohibitions

a. Whenever the use of a street or portion thereof is authorized for the movement of structures or vehicles of unusual size, parades, or construction and repairs to streets, it shall be unlawful to park on that portion of the street where signs giving notice that parking is prohibited and subject to tow have been posted for a least twenty-four (24) hours prior to towing.



REQUEST FOR REFUND OF DEPOSIT

SPECIAL EVENT PERMIT

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Hours: M, W, Th – 7:30 am – 4:30 pm

T – 7:30 am – 4:00 pm

Please submit the **ORIGINAL** “Request for Refund” form to Permit Center for processing.

Date faxed copies will not be accepted and will not initiate or expedite the refund process.

Permit No. _____

Title of Project _____

Contact Person _____

Phone Number _____

This will verify that all associated activities for the above-referenced permit and project have been completed as of _____

All “No Parking” signs for this project have been removed (*if applicable*) _____
Initial

Please refund any unused deposit. Thank You.

Signature

Print Name

Date

Mailing Address for Refund:

Return ORIGINAL form to:

City of Alameda Permit Center
2263 Santa Clara Avenue, Room 190
Alameda, CA 94501

Revised 5/14/2013

G:\Comdev\Permit Center Forms Update\General Use Forms\Req for Refund of Deposit - Spec Event.doc



REQUIRED SIGNATURE(S) PAGE

(MUST BE SUBMITTED WITH APPLICATION)

Planning & Building • 2263 Santa Clara Ave., Rm. 190

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T – 7:30 am – 4:00 pm

Police Department
(All applications)

Contact: Sergeant Ron Simmons
E-mail: rsimmons@alamedaca.gov
1555 Oak Street
Alameda, CA 94501
(510) 337-8367 (Please call first)

I have reviewed the attached application.

Signature

Date

Alameda Point
(Only Alameda Point property)

Contact: PM Realty Group
950 W. Mall Square, Room 239
Alameda, CA 94501
(510) 749-0304 (Please call first)

Applicant has/will receive a license to film/photoshoot at Alameda Point from PM. This approval does not grant actual authority to film/photoshoot until all approvals are granted by the City of Alameda Permit Center.

Signature

Date

City Owned Parks
(Only City Parks)

Contact: Amy Wooldridge (Monday-Thursday only)
2226 Santa Clara Avenue
Alameda, CA 94501
(510) 747-7529 (Please call first)

Applicant has/will receive permission to film/photoshoot in the City Park from the Recreation and Park Department. This approval does not grant actual authority to film/photoshoot until all approvals are granted by the City of Alameda Permit Center.

Signature

Date



TEMPORARY ENCROACHMENT

Planning & Building • 2263 Santa Clara Ave., Rm. 190

Alameda, CA 94501-4477

alamedaca.gov

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T – 7:30 am – 4:00 pm

CITY OF ALAMEDA NO. _____

Date _____

Fees Paid _____

Encroachment Permit No. _____

1. _____
Name of Organization Address City Zip

Person in charge of event Phone number (day)

2. _____
Name/Title of Chief Officer Phone number (day)

3. List any other organizations which will participate in the proposed activity:

(Attach separate sheet if needed)

4. Proposed date(s) and time(s) of activity:

Date: _____
Day Month

Time: _____
From To

Date: _____
Day Month

Time: _____
From To

5. What is the purpose of the proposed activity? _____

6. Please describe the activity: _____

7. Location of activity

Assembly point _____

Dispersal point _____

Please trace the exact route on the attached map or provide a drawing.

8. Estimate the number of participants: _____

9. Estimate the number of observers: _____

10. Will loudspeakers or sound devices be used? _____ YES _____ NO

If yes, how many? _____

Note: Applicant may be required to obtain an additional permit for sound devices.

11. To what extent will the streets and/or sidewalks on the proposed route be occupied? Please explain:

12. Number and kinds of vehicles to be used: _____

13. Number and kinds of animals: _____

14. Will your proposed activity require that street(s) be barricaded? _____ YES _____ NO

If yes, name of street(s) and/or intersections and indicate on attached map: _____

GENERAL PERMIT CONDITIONS

Please review the following list of General Permit Conditions and put a check mark beside those which apply to your activity.

- ☐ 1. Applicant(s) agree to abide by all applicable provisions of the City of Alameda's Municipal Code.
- ☐ 2. Applicant(s) understand and agree the proposed activity shall occur on the day and time as specified on the application.
- ☐ 3. Applicant(s) understand and agree the number of participants in the proposed activity shall be restricted to that stated on the application.
- ☐ 4. Applicant(s) understand and agree the proposed activity shall be restricted to the route(s), location(s), and dispersal point(s) as submitted with the application.
- ☐ 5. Applicant(s) understand and agree the proposed activity shall be restricted to non-residential areas.
- ☐ 6. Applicant(s) understand and agree the proposed activity will be restricted to only one-half of the street. Said portion of street must be clearly designated.
- ☐ 7. Applicant(s) understand and agree to comply with restrictions applied to said activity by the State Department of Transportation.
- ☐ 8. Applicant(s) understand and agree that use of said property will be restricted to those purpose(s) stated on the application.
- ☐ 9. Applicant(s) understand and agree that the property to be used will be restricted to the area(s) as indicated on the application map or attached drawing.
- ☐ 10. Applicant(s) understand and agree that the property shall be kept in a clean and orderly manner, free from debris.
- ☐ 11. Applicant(s) understand and agree the movement of emergency vehicles shall have priority at all times.
- ☐ 12. Applicant(s) agrees to obey all traffic laws applied to the proposed activity as determined by the City of Alameda.
- ☐ 13. Applicant(s) understand and agree to provide security and traffic control as needed.
- ☐ 14. Applicant(s) understand and agree that additional traffic control and security will be provided for said activity **by utilizing City of Alameda Police Officers on an overtime basis at the applicant's expense. The number of Police Officers to be determined by the reviewing Police watch Commander.**
- ☐ 15. Applicant(s) understand and agree that equipment and lighting used for the proposed activity will not obstruct vehicular traffic.

____ 16. Applicant(s) understand and agree that a sound device will be operated only on the main arterials in Alameda and will not go into residential districts.

____ 17. Applicant(s) understand and agree to comply with all **Special Conditions** as may be required by City departments after review of application for proposed activity.

I declare that I am authorized to submit this application and that to the best of my knowledge and belief, all of the information given herein is true, accurate, and complete. Applicant(s), further acknowledges the General Permit Conditions as they apply to the proposed activity and agrees to fully comply with them.

Authorized Representative

Date

Application for Temporary Encroachment of Public Right-of-Way is hereby approved.

BUILDING OFFICIAL

Greg McFann

Date



SAMPLE ENDORSEMENT
COMMERCIAL GENERAL LIABILITY
Planning & Building • 2263 Santa Clara Ave., Rm. 190
Alameda, CA 94501-4477
alamedaca.gov
510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538
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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of our operations or premises owned by or rented by you

SCHEDULE

Name of Person or Organization:

City of Alameda, its City Council,
Boards and Commissions, Officers, Employees, and
Volunteers
City Hall, Alameda, CA 94501

or

U.S. Department of the Navy, City of Alameda,
Alameda Municipal Power, Alameda Housing
Authority, their respective Boards, Commissions,
Officers, Employees, Agents, and Volunteers
City Hall, Alameda, CA 94501

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

| | | |
|----------|---|--------|
| PRODUCER | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| | INSURERS AFFORDING COVERAGE | NAIC # |
| | INSURER A: | |
| | INSURER B: | |
| | INSURER C: | |
| INSURED | INSURER D: | |
| | INSURER E: | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------------|-------|--|---------------|----------------------------------|-----------------------------------|--|
| | | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| A | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT |
| | | OTHER | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

City of Alameda
2263 Santa Clara Ave
Alameda CA 94501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

City of Alameda, California

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☒ Other (see instructions) ▶ **Municipal Corporation**

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

2263 Santa Clara Avenue, Room 220

City, state, and ZIP code

Alameda, CA 94501

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number

94

6000288

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|--|
| Interest and dividend payments | All exempt payees except for 9 |
| Broker transactions | Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 7 ² |

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| For this type of account: | Give name and EIN of: |
| 6. Disregarded entity not owned by an individual | The owner |
| 7. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 8. Corporate or LLC electing corporate status on Form 8832 | The corporation |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 10. Partnership or multi-member LLC | The partnership |
| 11. A broker or registered nominee | The broker or nominee |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.